

10/588031

AP20 Rec'd PCT/PTO 01 AUG 2006

Application Data Sheet

Application Information

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	YES
Computer Readable Form (CRF)?::	YES
Number of copies of CRF::	1
Title::	DIAGNOSTICS AND THERAPEUTICS FOR DISEASES ASSOCIATED WITH KALLIKREIN 7 (KLK7)
Attorney Docket Number::	004974.01211
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	0
Total Drawing Sheets::	2
Small Entity?::	
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Stefan
Middle Name::
Family Name:: GOLZ
Name Suffix::
City of Residence:: Essen
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Buckmannsmuhle 46
City of mailing address:: Essen
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Ulf
Middle Name::
Family Name:: BRÜGGEMEIER
Name Suffix::
City of Residence:: Leichlingen
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Leysiefen 20
City of mailing address:: Leichlingen

State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Andreas
Middle Name::
Family Name:: GEERTS
Name Suffix::
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Schuckertstr 29
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Holger
Middle Name::
Family Name:: SUMMER
Name Suffix::
City of Residence:: Wuppertal
State or Province of Residence::

Country of Residence:: DE
 Street of mailing address:: Katernberger Schulweg 3
 City of mailing address:: Wuppertal
 State or Province of mailing address::
 Country of mailing address:: DE
 Postal or Zip Code of mailing address:: 42113

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2005/000634	22 January 2005

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	04002287.3	3 February 2004	YES

Assignee Information

Assignee name::	BAYER HEALTHCARE AG
Street of mailing address::	
City of mailing address::	Leverkusen
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-51368